Applicant Name

Applicant SSN

Department of Defense Nonappropriated Fund
Health Benefits Program
Special Subsidized Temporary Continuation of Coverage Situations

Instructions:

HRO's, this form is to be used in conjunction with TCC enrollment form ONLY when applicable. Please refer to your Administration Manual and DOD Health Benefits Program for NAF Employees Policy Document for additional details if needed. Once you have determined a special condition applies, please mark the appropriate box to indicate the special category below for which this TCC-eligible individual qualifies. All periods of time stated in the categories below are subject to continued eligibility provisions.

☐ TCC Surviving Dependent 4/32

4 months employer paid, 32 months employee paid TCC

Prerequisites:

- In NAF plan at least 90 consecutive days
- Dependents must have been covered on the day of employee's death

☐ TCC Disabled 12/24

12 months employer paid, 24 months employee paid TCC

Prerequisites:

- In NAF plan at least 90 consecutive days
- Employee has at least 5 years or more in plan

☐ TCC BRAC 18

18 months at same rate paid by active employee; employer pays employer share and admin fees

☐ $ _____ Single ☐ $ _____ Family

Prerequisites:

- In NAF plan at least six months
- Separated by Business Based Action or resign or retire after receipt of a BBA separation notice
- Employer authorizes

Print Name

Date

Signature

Phone Number